

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90035 010 ***150.00

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DOCUMENT # 584935

1. Entity Name
~~ROSS & SROKA, P.A.~~ **BARRY I. ROSS, CAA, P.A.**

Handwritten: FILED 3/14/01 AM

Principal Place of Business: 1900 SW THIRD AVENUE MIAMI FL 33129
 Mailing Address: 1900 SW THIRD AVENUE MIAMI FL 33129

658641



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1001 BRICKELL BAY DRIVE, 9TH FLOOR, MIAMI FL
 3. Mailing Address: 1001 BRICKELL BAY DRIVE, 9TH FLOOR, MIAMI FL

4. FEI Number: 59-1851805
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: ROSS, BARRY I., 1900 SW THIRD AVENUE, MIAMI FL 33129
 7. Name and Address of New Registered Agent: Name: _____, Street Address: 1001 BRICKELL BAY DRIVE 9TH FLOOR, City: MIAMI, FL, Zip Code: 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ROSS, BARRY I. 1900 SW THIRD AVENUE MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1001 BRICKELL BAY DRIVE 9TH FLOOR MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SROKA, PHILLIP S. 1900 S.W. THIRD AVENUE MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE: *[Signature]* Pres Date: 4/26/01 Daytime Phone #: 305 373 5500

CR2E034 (10/00)